MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10588430

FILING DATE

APPLICANT(S)

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.
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TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	28	←		←
TOTAL CLAIMS							TOTAL CLAIMS			35			